DO NOT TYPE IN THIS BOX

Bulletin #: _____

Academic Year: _____

# FLORIDA INTERNATIONAL UNIVERSITY
# UNIVERSITY CURRICULUM COMMITTEE
## *Proposal for a Course Change*

## PART I. FILL OUT THIS SECTION COMPLETELY

1. **School/College** Engineering and Computing

   **Div./Dept. in Which Taught** School of Computing and Information Sciences

2. | COP | 4 | 520 | | 3 |
   |---|---|---|---|---|
   | **Alpha Prefix** | **1st Digit** | **Last 3 Digits** | **"C"-lec-lab "L"-Lab** | **Cr. Hrs.** |

3. **Present Course Title** Introduction to Parallel Computing

## PART II. FILL OUT CHANGE INFORMATION ONLY

**Change Effective** 8 / 24 / 20 19

4a. **New Course Title** _____

b. **New Abbreviated course Title** *(for computer class schedules, transcripts)*

LIMITED TO 25 Characters *(including spaces)*

5a.

| | | | |
|---|---|---|---|
| **New Alpha Prefix** | **New 1st Digit** | **New Last 3 Digits** | **Change "C"-lec-lab "L"-Lab** |

**5b. Change Credit Hours: From _____ To _____**

6. **New Catalog Description/Major Topics** *(not to exceed 200 characters including spaces)*
   *College of Medicine and College of Law: Attach description not exceeding 1,000 characters including spaces.*

7. **New Prerequisite(s):** COP-3530 and (CDA-3102 or CDA-4101 or EEL-4709)

8. **New Corequisite(s):** _____

9. **Explain Reclassification Request:**

   New course CDA-3102 (as part of CS restructuring in Spring 2020) will be equivalent to CDA-4101. For students passing either of these courses to enroll in COP-4520, this pre-req change is proposed..

10. **Does this proposed change impact the assessment process of a program or certificate? If yes, then send notification to assessment@fiu.edu.**

**PROPOSAL REQUESTED BY:**

**Faculty Contact** Nagarajan Prabakar _____ / _____ / 20 19
**(Type name)** **(Signature)**

prabakar@cis.fiu.edu 305-348-2033
**(Email address)** **(Phone number)**

**Chairperson (Dept./Div.)** S.S. Iyengar _____ / _____ / 20 19
**(Type name)** **(Signature)**

**Chairperson (Curr. Comm.)** Wei-Chiang Lin _____ / _____ / 20 19
**(Type name)** **(Signature)**

**College/School Dean** John Volakis _____ / _____ / 20 19
**(Type name)** **(Signature)**

Submit one original form. Attach one copy of the Course Justification and Course Syllabus: Course Description, Objectives, Learning Outcomes, Major Topics and textbooks.